

| UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 7/2013) | TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page. | | | | | COURT USE ONLY DUE DATE: | | | | | | | | | |
|---|--|---|--|--|---|------------------------------------|---|-----------------------|-----------------------|--|-----------------------|-----------------------|-------------------------------------|-----------------------|--|
| 1a. CONTACT PERSON FOR THIS ORDER Brent Heuss | | 2a. CONTACT PHONE NUMBER (415) 954-3516 | | | 3a. CONTACT EMAIL ADDRESS bheuss@fbm.com | | | | | | | | | | |
| 1b. ATTORNEY NAME (if different) Jessica Nall | | 2b. ATTORNEY PHONE NUMBER (415) 954-4468 | | | 3b. ATTORNEY EMAIL ADDRESS jnall@fbm.com | | | | | | | | | | |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Farella Braun + Martel LLP 235 Montgomery Street, 17th Floor San Francisco CA 94104 | | | 5. CASE NAME United States of America v. Shawn Hogan | | | 6. CASE NUMBER 5:10-cr-0495 EJD | | | | | | | | | |
| 7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input type="checkbox"/> FTR Gina Galvan Colin | | | 8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input checked="" type="checkbox"/> CJA: Do not use this form; use Form CJA24 | | | | | | | | | | | | |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type: | | | | | | | | | | | | | | | |
| a. HEARING(S) (OR PORTIONS OF HEARINGS) | | | | b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.) | | | c. DELIVERY TYPE (Choose one per line) | | | | | | | | |
| DATE | JUDGE (initials) | TYPE (e.g. CMC) | PORTION If requesting less than full hearing, specify portion (e.g. witness or time) | PDF (email) | TEXT/ASCII (email) | PAPER | CONDENSED (email) | ECF ACCESS (web) | ORDINARY (30-day) | 14-Day | EXPEDITED (7-day) | DAILY (Next day) | HOURLY (2 hrs) | REALTIME | |
| 04/28/2014 | EJD | Sente <input checked="" type="checkbox"/> | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
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| 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: | | | | | | | | | | | | | | | |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | | | | | | 12. DATE 4-30-2014 | | | | | | |
| 11. SIGNATURE  | | | | | | | | | | | | | | | |
| DISTRIBUTION: | | | | <input type="checkbox"/> COURT COPY | | | <input type="checkbox"/> TRANSCRIPTION COPY | | | <input type="checkbox"/> ORDER RECEIPT | | | <input type="checkbox"/> ORDER COPY | | |